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CONFIRMATION NO. 4993

|   |   |  |   |                                      |                          |                                |
|---|---|--|---|--------------------------------------|--------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/582,683  | <b>FILING or 371(c) DATE</b><br>07/21/2006<br><b>RULE</b>   | <b>CLASS</b><br>123                                      | <b>GROUP ART UNIT</b><br>3748   | <b>ATTORNEY DOCKET NO.</b><br>128187 |                          |                                |
| <b>APPLICANTS</b><br>Hiroyuki Tominaga, Susono-shi, JAPAN;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IB04/04155 12/16/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2003-419641 12/17/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>04/01/2007 |   |  |   |                                      |                          |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/TU M. NGUYEN/</u><br>Examiner's Signature                             |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>JAPAN  | <b>SHEETS DRAWINGS</b><br>4          | <b>TOTAL CLAIMS</b><br>7 | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>OLIFF & BERRIDGE, PLC<br>P.O. BOX 320850<br>ALEXANDRIA, VA 22320-4850<br>UNITED STATES  |   |  |   |                                      |                          |                                |
| <b>TITLE</b><br>Exhaust gas control system for internal combustion engine and method for recovering filter thereof  |   |  |   |                                      |                          |                                |
| <b>FILING FEE RECEIVED</b><br>1240  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |                          |                                |